

## OFF-PREMISE PREQUALIFICATION PACKET

L-OFF (12/2019)

Submit this packet to the proper governmental entities to obtain certification for the type of license/permit for which you are applying as required by Sections 11.37, 11.39, 11.46(b), 61.37, 61.38, 61.42 and Rule §33.13 All statutory and rule references mentioned in this application refer to and can be found in the Texas Alcoholic Beverage Code or Rules located on our website. www.tabc.texas.gov/laws/code\_and\_rules.asp **LOCATION INFORMATION** Application for: ☐ Original Reinstatement Reinstatement and Change of Trade Name License/Permit Number ☐ Change of Location ☐ Change of Location and Trade Name License/Permit Number 2. Type of Off-Premise License/Permit **BQ** Wine and Beer Retailer's Off-Premise Permit ■ LP Local Distributor's Permit ☐ **BF** Beer Retail Dealer's Off-Premise License ■ E Local Cartage Permit □ P Package Store Permit □ ET Local Cartage Transfer Permit ■ Q Wine Only Package Store Permit ☐ PS Package Store Tasting Permit 3. Indicate Primary Business at this Location ☐ Grocery/Market ☐ Convenience Store without Gas ☐ Liquor Store Miscellaneous \_\_\_\_\_ Convenience Store with Gas **4.** Trade Name of Location (Name of store, business, etc.) 5. Location Address City County State Zip Code Mailing Address City State Zip Code **7.** Business Phone No. Alternate Phone No. E-mail Address **OWNER INFORMATION** 8. Type of Owner ☐ Individual Corporation ☐ City/County/University ☐ Limited Liability Company ☐ Other \_\_\_\_\_ Partnership ☐ Limited Partnership ☐ Joint Venture ☐ Limited Liability Partnership ☐ Trust 9. Owner of Business /Applicant (Name of Corporation, LLC, etc.) PRIMARY CONTACT PERSON The primary contact person should be a person who can answer questions TABC may have about the application. The contact phone and email are mandatory and must be active and updated regularly. If additional information is needed, it will be requested from this contact person. Delays in responding to requests may delay the processing and approval of your permit/license. 10. Contact Person: Relation to Business: Phone (mandatory): Email (mandatory): TABC DATESTAMP

11. Is the applicant, a veteran-owned business?				☐ Yes ☐ No		
12. Is the applicant, a Historically Underutilized Business (HUB)?				☐ Yes ☐ No		
13. As indicated on the chart. enter the individuals that pertain to vour business type:  (For additional space, use Form L-OIC)						
Individual/Individual Owner		Limited Liability Company/All	Officers of	or Managers		
Partnership/All Partners		Joint Venture/Venturers				
Limited Partnership/All General Partners		Trust/Trustee(s)				
Corporation/All Officers		City, County, University/Officia	al			
Last Name	First Name		MI	Title		
Last Name	First Name		MI	Title		
Last Name	First Name		MI	Title		
Last Name	First Name MI		MI	Title		
MEAS		NT INFORMATION 09.31 et. seq.				
14. Will your business be located within 300 fee	et of a churc	h or public hospital?		☐ Yes ☐ No		
NOTE: For churches or public hospitals me fronts and in a direct line across into	easure from		g the pro	pperty lines of the street		
<b>15.</b> Will your business be located within 300 fee	et of any priv	vate/public school?		☐ Yes ☐ No		
NOTE: For private/public schools measure		·	line of t			
Property line of the place of business, and in a direct line across intersections.  If located on or above the fifth story of a multistory building: measure in a direct line from the property line of the private/public school to property line of your place of business in a direct line across intersections vertically up the building at the property line to the base of the floor on which your business is located.						
<b>16.</b> Will your business be located within 1,000 feet of a private school?  ☐ Yes ☐ No						
17. Will your business be located within 1,000 feet of a public school?						
<del>-</del>		<b>ACQUISITIONS ONLY</b>				
<ul> <li>Has the business being acquired been in operation in the same county for more than one year before the acquisition?</li> <li>If Yes, provide permit number for existing package store:</li> <li>If No, this does not qualify as an acquisition, and will be considered a new location.</li> </ul>						
in 110, and door not qualify do an doque		PLICANTS				
19. CHECK HERE IF NOT IN CITY LIMITS   I, the applicant, have confirmed the location is not located within city limits, therefore city certifications are not required.						
COMPLETE THE FOLLOWING CHECKLIST BEFORE SUBMITTING YOUR APPLICATION  Per Sec. 102.01, a tied house is defined as any overlapping ownership between those engaged in the alcoholic beverage industry at different levels of the three-tier system. No person having an interest in a permit issued by TABC may secure or hold, directly or indirectly, an ownership interest in a business on a different level.						
All required forms have been completed.						
I have reviewed all forms to ensure they are complete.				☐ Yes ☐ No		
I have obtained all required local and state certifications (pages 3-4).				Yes No		
All application packets have been notarized.				☐ Yes ☐ No		
Phone numbers and email address for Contact Person are up to date.				☐ Yes ☐ No		
All additional documentation as required by the application packets is attached			☐ Yes ☐ No			
				☐ Yes ☐ No ☐ N/A		
Certification of publication in local newspaper has been completed (page 4).			☐ Yes ☐ No ☐ N/A			
A copy of the newspaper publication is attached (page 4).				∐ Yes ∐ No ∐ N/A		

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## WARNING AND SIGNATURE

If Applicant Is/Must Sign	
Individual/Individual Owner	Corporation/Officer
Partnership/Partner	Limited Liability Company/ Officer or Manager
Limited Partnership/General Partner	

**WARNING:** Section 101.69 of the Texas Alcoholic Beverage Code states: "...a person who makes a false statement or false representation in an application for a permit or license or in a statement, report, or other instrument to be filed with the Commission and required to be sworn commits an offense punishable by imprisonment in the Texas Department of Criminal Justice for not less than 2 nor more than 10 years."

BY SIGNING YOU ARE SWEARING	TO ALL INFORMATI	ON AND ATTACHMEN	NTS TO THIS PACKET.			
PRINT NAME	_	SIGN HERE				
		TITLE				
Before me, the undersigned auth	nority, on this	day of	, 20	, the		
person whose name is signed to the	foregoing application p	ersonally appeared an	d, duly sworn by me, states und	er oath		
that he or she has read the said appl	ication and that all the	facts therein set forth a	re true and correct.			
SIGN HERE						
NOTARY PUE	BLIC					
SEAL						
CERTIFIC	ATE OF CITY SEC Sections 1	RETARY (FOR P, 1.37 & 61.37	Q, BF & BQ)			
I hereby certify on this	day of	, 20	, that the location for which the	Э		
license/permit is sought is inside the	boundaries of this city	or town, in a " <b>wet</b> " are	a for such license/permit, and no	ot		
prohibited by charter or ordinance in	reference to the sale o	f such alcoholic bevera	ges.			
SIGN						
HERE City Secreta	ary/Clerk	City	, 1	EXAS		
SEAL						
CERTIFICATE OF COUNTY CLERK (FOR P, Q & BF) Sections 11.37 & 61.37						
I hereby certify on this	day of	, 20	, that the location for which the	Э		
license/permit is sought is in a "wet"	area for such license/p	permit, and is not prohi	bited by any valid order of the			
Commissioner's Court.						
SIGN HERE			c	OUNTY		
S E A L	rk					

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CERTIFICATE OF COUNTY CLERK (FOR BQ) Section 11.37					
I hereby certify on this da license/permit is sought as the place of busin the Commissioner's Court for a Wine and Be	ay of, 20, tha ness is in a <b>"wet"</b> area and is not prohibited l er Retailer's Off-Premise Permit.	t the location for which the by any valid order of			
legal sale of wine on the premises of a h legal sale of beer/wine (17%) on-premise	off-premise consumption opt mixed beverages uding mixed beverages ants by food and beverage certificate holders	999			
County Clerk					
COMPTROLLE	R OF PUBLIC ACCOUNTS CERTIF	ICATE			
This is to certify on thisda for and satisfies all legal requirements for the Act or the applicant as of this date is not requi					
Sales Tax Permit Number	Outlet Number				
Print Name of Comptroller Employee					
Print Title of Comptroller Employee _					
SIGN HERE	FIELD OFFICE				
SEAL					
PUBLISHER'S AFFIDAVIT (FOR BQ, BF, P & Q) Sections 11.39 & 61.38					
Name of newspaper					
City, County  Dates notice published in daily/weekly newspaper (MM/DD/YYYY)  Publisher or designee certifies attached notice was p	published in newspaper stated on dates shown	ATTACH PRINTED  COPY OF THE			
Signature of publisher or designee	abilished in newspaper stated on dates shown.	NOTICE HERE			
Sworn to and subscribed before me on this date					
Signature of Notary Public		Hover over to see example			
SFAI					

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## **OWNERSHIP INFORMATION**Continued for Prequalification Packet

L-OIC (12/2019)

LOCATION INFORMATION								
1. Trade Name of Location								
2. Location Address								
City			County	1		State	Zip Code	
	WNER IN	FORMATION	1					
3. Type of Owner								
☐ Individual	Corporation			City/County	unty/University			
☐ Partnership		ability Company	y 🔲	Other				
Limited Partnership	Joint Vent	ure						
Limited Liability Partnership	☐ Trust							
Last Name			First Name		MI	Title		
Last Name		First Name			MI	Title		
Last Name		First Name			MI	Title		
Last Name		First Name			MI	Title		
Last Name		First Name			MI	Title		
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